



California Department of Public Health Influenza Surveillance Program

California Influenza and Other Respiratory Disease Surveillance for Week 1 (January 4, 2015 to January 10, 2015)

Note: This report includes data from many sources of influenza surveillance and it should be viewed as a preliminary “snapshot” of influenza activity for each surveillance week. Because data are preliminary, the information may be updated in later reports as additional data are received. These data should not be considered population-based or representative of all California public health jurisdictions.

Overall influenza activity in California was “widespread*” during Week 1.

Influenza Report Highlights

- Overall influenza activity in California continues to increase
- Outpatient influenza-like illness (ILI)
 - 4.1% of patient visits during Week 1 were for ILI, which is lower than Week 53 (5.0%); the percentage of outpatient visits for ILI is above the epidemic threshold for this time of year
- Hospitalization data
 - 7.8% of Kaiser patients hospitalized during Week 1 were admitted with a pneumonia and/or influenza (P&I) diagnosis, which is lower than Week 53 (8.6%); the percentage of P&I admissions is above the epidemic threshold for this time of year
- Influenza virus detections by Respiratory Laboratory Network and Sentinel Laboratories
 - 1161 (24.5%) of 4737 specimens tested were positive for influenza during Week 1, which is higher compared to Week 53 (20.5%)
 - Overall, influenza A (H3) and influenza B viruses have been detected more than influenza 2009 A (H1) viruses
 - Nationally, 32% of influenza A (H3) viruses strain characterized match the 2014–2015 influenza vaccine component
- Influenza-associated deaths among patients 0–64 years of age
 - One laboratory-confirmed influenza death was reported during Week 1
- Influenza-associated outbreaks
 - Eleven laboratory-confirmed influenza outbreaks were reported during Week 1

*For the Centers for Disease Control and Prevention (CDC) definitions of influenza geographic distribution, please go to <http://www.cdc.gov/flu/weekly/overview.htm>.

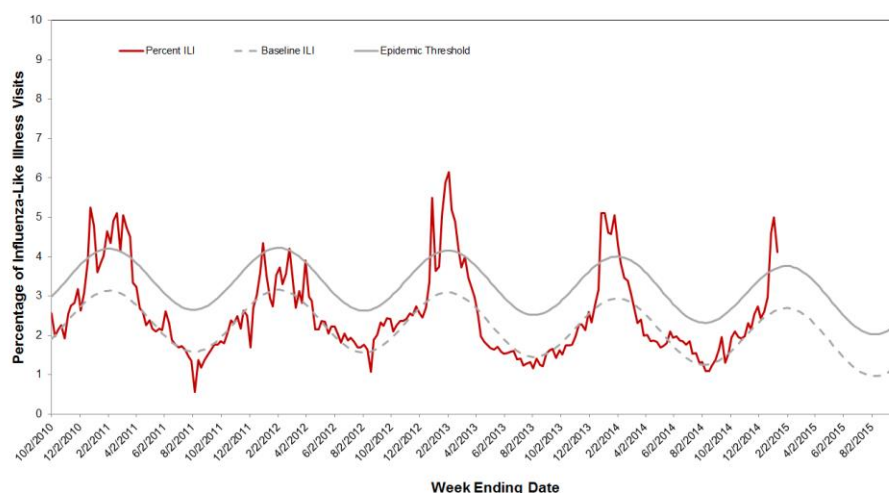
A. Outpatient and Inpatient Data

1. Influenza Sentinel Providers

Sentinel providers (physicians, nurse practitioners, and physician assistants) situated throughout California report on a weekly basis the number of patients seen with influenza-like illness (ILI) and the total number of patients seen for any reason. ILI is defined as any illness with fever ($\geq 100^{\circ}\text{F}$ or 37.8°C) AND cough and/or sore throat (in the absence of a known cause other than influenza).

A total of 117 enrolled sentinel providers have reported data for Week 1. Based on available data, the percentage of visits for ILI in Week 1 (4.1%) exceeds the epidemic threshold (3.7%) for this time of year (Figure 1).

Figure 1. Percentage of Influenza-like Illness Visits Among Patients Seen by California Sentinel Providers, 2010–2015



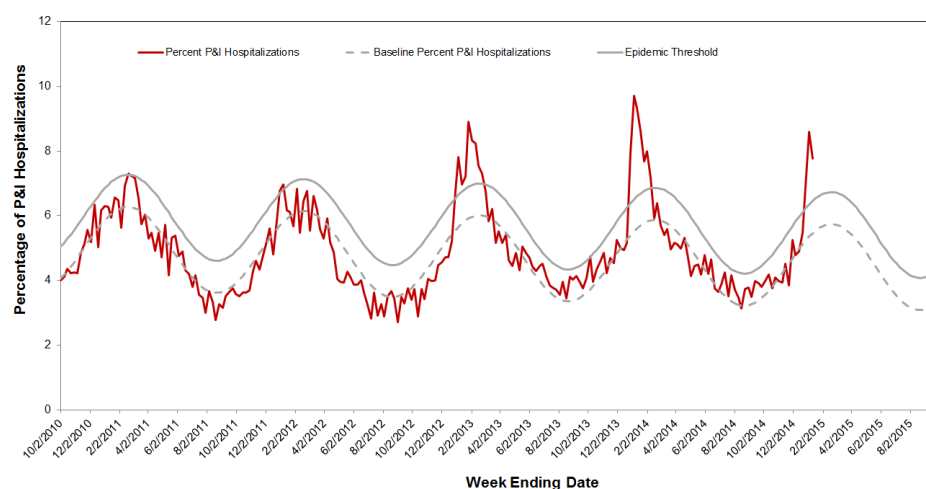
The seasonal baseline was calculated using a regression model applied to data from the previous eight years. The epidemic threshold is two standard deviations above the seasonal baseline and is the point at which the observed percentage of ILI is significantly higher than would be expected at that time of the year.

2. Kaiser Permanente Hospitalization Data

Inpatients at Kaiser Permanente facilities with an admission diagnosis including the keywords “flu,” “influenza,” “pneumonia,” or variants of the keywords are defined as pneumonia and influenza (P&I)-related admissions. The number of P&I admissions is divided by the total number of hospital admissions occurring in the same time period to estimate the percentage of P&I admissions. Admissions for pregnancy, labor and delivery, birth, and outpatient procedures are excluded from the denominator.

The percentage of hospitalizations for pneumonia and influenza (P&I) in Kaiser Permanente facilities in northern and southern California during Week 1 was 7.8% which decreased from Week 53 (8.6%) and exceeds the epidemic threshold (6.4%) for this time of the year (Figure 2).

Figure 2. Percentage of P&I Hospitalizations in Kaiser Permanente Northern and Southern California Hospitals, 2010–2015



The seasonal baseline was calculated using a regression model applied to data from the previous six years. The epidemic threshold is two standard deviations above the seasonal baseline and is the point at which the observed percentage of pneumonia and influenza hospitalizations in Kaiser Permanente hospitals in northern California is significantly higher than would be expected at that time of the year.

3. Influenza-Associated Hospitalizations, California Emerging Infections Program

The California Emerging Infections Program (CEIP), Influenza Surveillance Network (FluSurv-NET) conducts population-based surveillance for laboratory-confirmed influenza-associated hospitalizations among patients of all ages in Alameda, Contra Costa, and San Francisco counties.

The incidence of influenza-associated hospitalizations per 100,000 population slightly decreased in Week 53 (0.80) compared to Week 52 (0.86) (Figure 3). Data for Week 1 are not presented because results are still being collected and are likely to change. To date this season, the highest rate of hospitalization is among older adults age 64 and over, followed by children age 0-4 years (Figure 4).

Figure 3. Incidence of Influenza Hospitalizations in CEIP Counties, 2012–2015

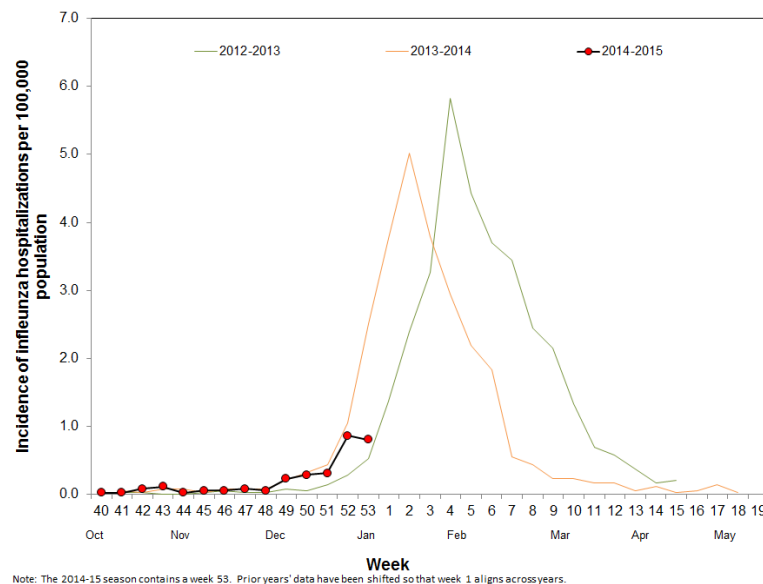
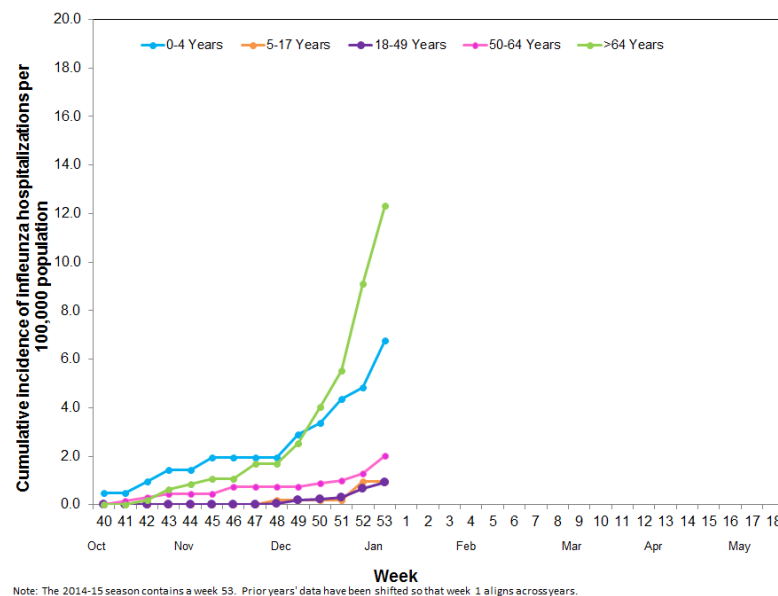


Figure 4. Cumulative Incidence of Influenza Hospitalizations in CEIP Counties by Age Group, 2014-2015



B. Laboratory Update - Influenza

1. Respiratory Laboratory Network (RLN) and Sentinel Laboratory Surveillance Results

Laboratory surveillance for influenza and other respiratory viruses involves the use of data from hospital, academic, private and public health laboratories located throughout California. These laboratories report the number of laboratory-confirmed influenza and other respiratory virus detections and isolations on a weekly basis.

The percentage of influenza detections in the RLN and sentinel laboratories in Week 1 was 24.5%, which was higher compared to Week 53 (20.5%) (Figure 5). Additional details can be found in Figure 6 and Table 1.

Neither the RLN nor CDPH-VRDL have identified any influenza viruses by polymerase chain reaction (PCR) typing or subtyping that are suggestive of a novel influenza virus.

Figure 5. Percentage of Influenza Detections in Respiratory Laboratory Network and Sentinel Laboratories, 2010–2015

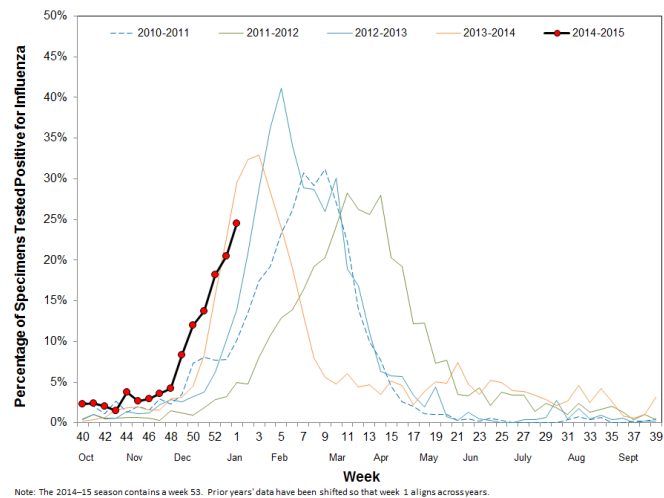


Figure 6. Number of Influenza Detections by Type and Subtype Detected in Respiratory Laboratory Network and Sentinel Laboratories, 2014–2015

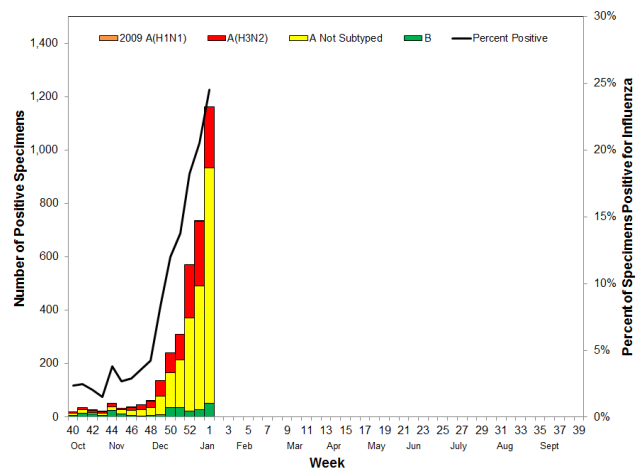


Table 1. Respiratory Specimens Testing Positive for Influenza by Influenza Type and Subtype — Respiratory Laboratory Network and Sentinel Laboratories, Current Week and Season to Date

	Week 1		Season to Date	
	Number	Percent	Number	Percent
Number of Specimens Tested	4737		28,888	
Number of Specimens Positive for Influenza	1161	24.5*	3485	12.1*
Influenza Type/Subtype of Positive Specimens				
A	1108	95.4 [†]	3206	92.0 [†]
2009 A (H1)	0	0.0 [‡]	5	0.2 [‡]
A (H3)	227	20.5 [‡]	995	31.0 [‡]
A, not subtyped	881	79.5 [‡]	2206	68.8 [‡]
B	53	4.6 [†]	279	8.0 [†]

* Percent of total specimens tested for influenza

[†] Percent of specimens positive for influenza

[‡] Percent of influenza A positives

2. Antiviral Resistance Testing

The California Department of Public Health Viral and Rickettsial Disease Laboratory (CDPH-VRDL) has tested thirty-three A (H3) influenza specimens and six influenza B specimens for antiviral resistance (AVR) to date on samples collected since October 2014. No specimens were found to be resistant to oseltamivir.

C. Laboratory-Confirmed Severe Influenza Case Reports

Currently, as mandated under Section 2500 of the California Code of Regulations, deaths among patients aged 0–64 years with laboratory-confirmed influenza are reportable to CDPH.

In Week 1, one laboratory-confirmed influenza death was reported from the Bay Area region of California. To date, two laboratory-confirmed influenza deaths have been reported for the 2014–2015 influenza season.

D. Influenza-Associated Outbreaks

CDPH received reports of eleven laboratory-confirmed influenza outbreaks during Week 1. These occurred in congregate care facilities located in the lower Southern, Central, and Bay Area regions of California.

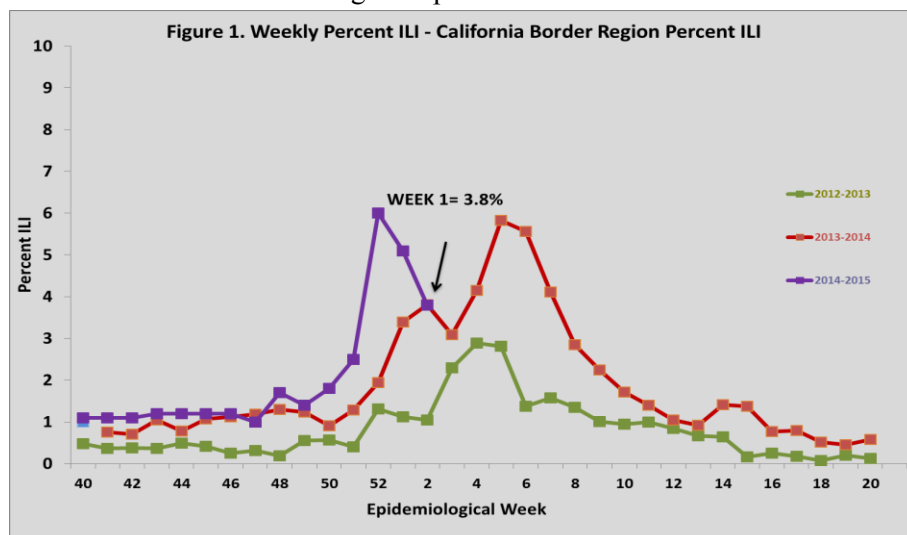
E. California Border Region Influenza Surveillance Network Data

The border influenza surveillance network is comprised of outpatient provider sentinel sites whose geographical coverage extends approximately 100 kilometers (60 miles) north of the California-Baja California border and includes Imperial and San Diego Counties, as well as some parts of Riverside County.

1. Syndromic Surveillance Update

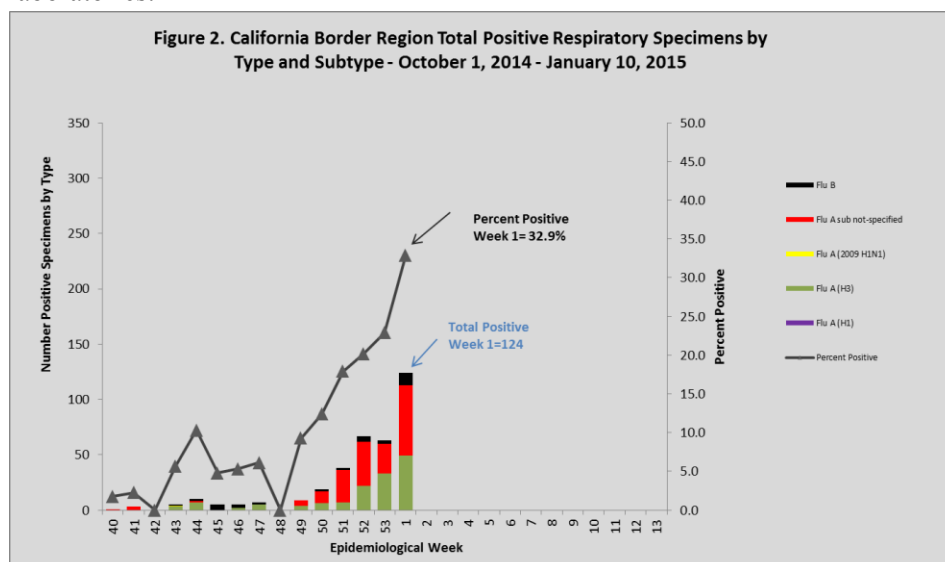
A total of 12 border region sentinel providers reported data during Week 1 of 2015 and Week 53 of 2014. The total number of patients screened by all sentinel sites for ILI during Week 1 was 5,388. Outpatient

ILI activity decreased by 1.3% from Week 53 (5.1% ILI) to Week 1 (3.8% ILI). ILI activity for the California border region was higher for Week 1 when compared to activity for the same weeks during 2012–2013, but similar to 2013-2014 influenza seasons (Figure 1). All influenza syndromic data summarized for the border region represents a subset of CDC influenza sentinel providers in California.



2. Virologic Surveillance Update

Cumulatively this season, a total of 2,292 respiratory specimens have been tested from border region clinics; of these, 356 (15.5%) tested positive for influenza. Of the 356 specimens that have tested positive, 320 (89.9%) were influenza A and 36 (10.1%) were influenza B. Of the 320 specimens that tested positive for influenza A, 138 (43.1%) were A (H3), 1 (0.3%) was 2009 A (H1), and 181 (56.6%) had no further subtyping performed. For Week 1, a total of 377 respiratory specimens were submitted for testing; 124 (32.9%) were positive for influenza virus. Of the positive specimens 113 (91.1%) were influenza A, and 11 (8.9%) were influenza B. Of the 113 specimens that tested positive for influenza A, 49 (39.5%) were A (H3) and 64 (51.6%) had no further subtyping performed. Laboratory data summarized in Figure 2 includes data from influenza sentinel sites as well as laboratory data from other border region laboratories.



F. Laboratory Update – Other Respiratory Viruses

During Week 1, there were 2910 specimens tested for RSV and 503 (17.3%) were positive, which is slightly lower compared to Week 53 (18.7%) (Figure 7). Information on other respiratory viruses can be found in Figure 8.

Figure 7. Percentage of RSV Detections in Respiratory Laboratory Network and Sentinel Laboratories, 2010–2015

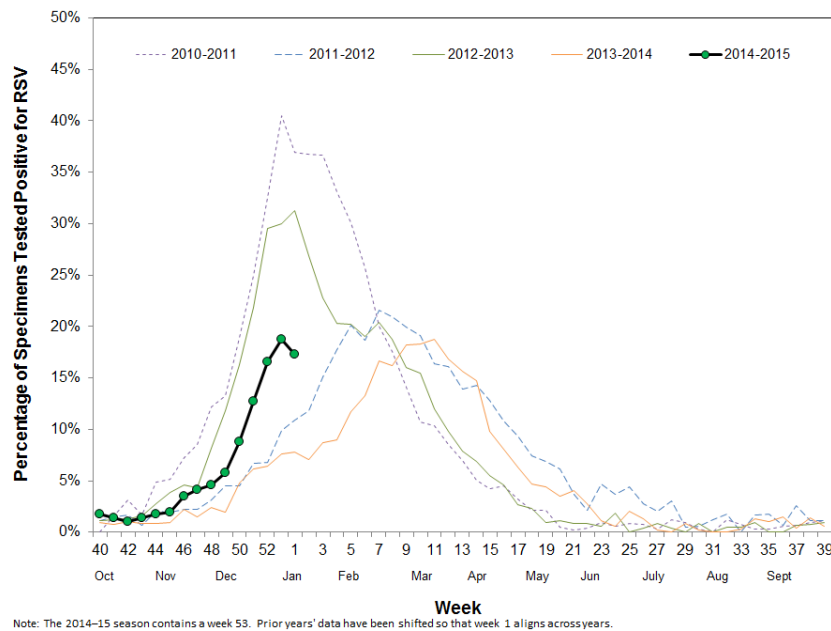
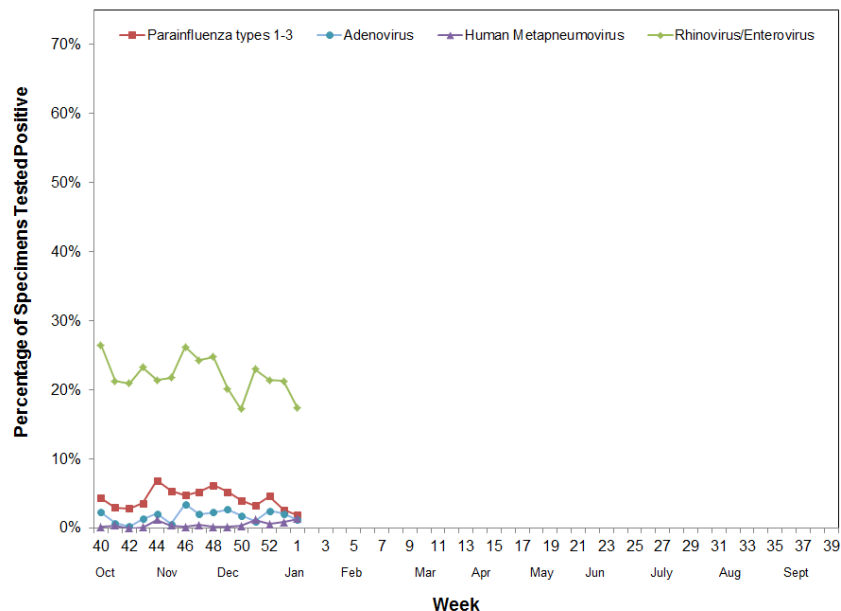


Figure 8. Percentage of Other Respiratory Pathogen Detections in Respiratory Laboratory Network and Sentinel Laboratories, 2014–2015



For questions regarding influenza surveillance and reporting in California, please email InfluenzaSurveillance@cdph.ca.gov. This account is monitored daily by several epidemiologists.

For more information regarding the different influenza surveillance data sources, please visit the CDPH Influenza Surveillance Program at <http://www.cdph.ca.gov/programs/dcdc/Pages/CaliforniaInfluenzaSurveillanceProject.aspx>.

To obtain additional information regarding influenza, please visit the CDPH influenza website at [http://www.cdph.ca.gov/HealthInfo/discond/Pages/Influenza\(Flu\).aspx](http://www.cdph.ca.gov/HealthInfo/discond/Pages/Influenza(Flu).aspx).

A copy of the case report form for reporting any laboratory-confirmed influenza case that was either admitted to the ICU or died can be downloaded from [http://www.cdph.ca.gov/HealthInfo/discond/Pages/Influenza\(Flu\).aspx](http://www.cdph.ca.gov/HealthInfo/discond/Pages/Influenza(Flu).aspx).